

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90125 024 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G61367**

1. Corporation Name  
**METROPOLITAN GLASS SYSTEMS, INC.**



Principal Place of Business  
 5115 W. KNOX STREET  
 TAMPA FL 33634  
 US

Mailing Address  
 5115 W KNOX ST  
 TAMPA FL 33634  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

3. Date Incorporated or Qualified  
**09/27/1983**

4. FEI Number  
**59-2338916**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**WOODS, TIMOTHY H.**  
**12510 FOREST HILLS DR**  
**TAMPA FL 33612**

10. Name and Address of New Registered Agent  
 81 Name **Timothy H. Woods**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3637 Berger Road**  
 83  
 84 City **Lutz** **FL** 85 Zip Code **33549**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Timothy H. Woods, PD** *Timothy H. Woods* **3/17/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>C</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>WOODS, JAMES H</b>           |                                 |
| STREET ADDRESS | <b>17317 SOLIE ROAD</b>         |                                 |
| CITY-ST-ZIP    | <b>ODESSA, FL 00000</b>         |                                 |
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>WOODS, TIMOTHY H.</b>        |                                 |
| STREET ADDRESS | <b>12510 FOREST HILLS DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                 |                                 |
| TITLE          | <b>VP</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>WOODS, JAMES R.</b>          |                                 |
| STREET ADDRESS | <b>17003 WINNERS CIR</b>        |                                 |
| CITY-ST-ZIP    | <b>ODESSA FL</b>                |                                 |
| TITLE          | <b>ST</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>WOODS, ROBERT G.</b>         |                                 |
| STREET ADDRESS | <b>7804 COLLEY ROAD</b>         |                                 |
| CITY-ST-ZIP    | <b>ODESSA FL</b>                |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Woods, Timothy H.</b>   |
| 2.3 STREET ADDRESS | <b>3637 Berger Road</b>  |
| 2.4 CITY-ST-ZIP    | <b>Lutz, FL 33549</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Timothy H. Woods, PD** *Timothy H. Woods* **3/17/99** **(813)886-5046**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)